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Jounty Marchester 7801	(10	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist, No. // C
Village or City Cambridge (No.	Bake	St.; Ward) [It death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED WIDOWED, ORDIVORCED Write the Wor	Lorner	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day	, /(Year)	ang 5 , 1914, to ang 6 , 1915 that I iast saw him alive on ang 5 , 1917
TAGE Shout 70 yrs mos ds.	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2-10 a m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manyland		Contributory Chautin afla Secondary (Duration) yrs mos di
10 NAME OF FATHER Dentry Bake 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	d	(Signed) State the DISEASE CAUSING DEATH, Or, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	~	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Level of the Best of My KNOWL	EDGE	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Files aug 6 , 1914 Eslabely	REGISTRAR	Chaptaint Md. Suga 8, 1914 20 UNDERTAKERY It 16, 16illis Sa Prince Sand

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valentar heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion, The nature of the Never report Ex-



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carefully supplied. certificate.

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DEATH in plain terms,

CAUSE OF Important. S

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See Instructions of information

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very

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Village or City Near Caruling (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.//6 St.; Ward) St.; Ward) Letine Basshor STATE OF MARYLAND [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widower, ORDIVORCED (Write the word)	18 DATE OF DEATH Aug 1 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from August 15 1914, to August 1914.
TAGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 4/JA. m The GAUSE OF DEATH* was as follows: Peff. Shot wound of Arek & Face F. V. B (Duration) yrs. mos. ds.
10 NAME OF FATHER Phomas Basshor 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER (State or country) Manyland 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Maryland (Midrae) (Midrae)	Contributory temorhas Shock & Cufelon Secondary (Buration)

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

APORESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precisc specistatement. Never return "Laborer," material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease ean be ascertained as the ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For vio-

PERMANENT Exact classified. pe pinoda properly AGE supplied. pe O may UNFADIN certificate. that 80 of pe back terms, should 0 plain Instructions Information = DEATH WRITE See Every Item CAUSE OF Important. m.

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PHYSICIANS should of OCCUPATION IS

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STATE OF MARYLAND Registration Dist. No. Ilf death occurred la .Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than 1 day,.....hrs. OR. -min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Goration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE . 191 (Address) ARENT OF FATHER 0*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 0 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country ot death _____ yrs. ___ __ mos. _ _ ds. State Where was disease contracted. If not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin &t., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfuily employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nover return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, ctc., Carcin-

mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head "Contributory." (Recommendations on statement LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. stated classified. pinous properly AGE supplied. pe may carefully su that it ma f certificate. 80 6 be terms, in should 0 in plain See instructions of information DEATH CAUSE OF Important.

1 PLACE OF DEATH William Corkr 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, (Write the word) (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112

I'lf death occurred in

an.	ot.,wara	a hospital or institution, give its NAME instead of street and number.]
MEDICAL	CERTIFICATE O	F DEATH
16 DATE OF DEATH	aug	25, 1912
***************************************	decommendation of the second	(Day (Year)
17 I HEREBY	CERTIFY, That	I attended deceased from
ang, /8, 11	9142, to Q	ug 25 1914
that I last saw har all	Wa an 31	Leg 24, 1914
		7
and that death occurred o	on the date state	above, at 69, m
The CAUSE OF DEATH*	was as follows:	

Cobar 73	recure	nia.
	867	5 5 6 5 % 5 6 % 6 6 % 6 7 % 7 % 7 % 7 % 7 % 7 % 7 %
	(Dunahlan) h	yrs. mos 9 ds
		yrs.,mos,/ds,
Secondary Secondary		
	(Duration)	yrsds.
(Signed)	81500	
(Signed)	99:61	, M. D.
ang 25-, 1914.	Address).	a, Md.
*State the DISEASE C CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH, OR NS OF INJURY; a: CIDAL.	, in deaths from VIOLENT nd (2) whether Acciden-
18 LENGTH OF RESIDEN	CE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS
OR RECENT RESIDENTS)	In the	
of death yrs mos.	ds. State	yrs ds
Where was disease contracted, if not at place of death?		
Former or		ę ,
usual residence		
Vienna, G	7 1	AUG 2 7 1914
20 UNDERTAKER		ADORESS

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

oca REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bako., Requesting V. S. No. 1.

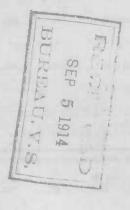


[Approved by U. S. Census and American Public Health Association.]

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B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK_THIS ż

Cou	1 PLACE OF DEATH 7805 unty Loschester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Vill	age or City Jaylos & Seland (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARAJED, WIDOVED, OR DIVERCED ON DIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from July Ju
	(May 2), 1914 (Mayoth) (Day (Year)	that I last saw h mallve on ang 2, 1914
	yrs. 2 mos 4 ds. OR min. ?	and that death occurred on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows:
(b) busi whice	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Gontributory Secondary
STN	10 NAME OF FATHER SEED & Cornish OF FATHER (State or country)	(Signed) (Ouration) yrs mos disconsistency of the Company of the C
PARENTS	13 BIRTHPLACE OF MOTHER Daisy Q. Cornish (State or country)	AState the DISEASE CAUSING DRATH, or. in deaths from VIOLES. CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the ot death yrs mos ds.
	(Interment) Larry a Cornich	Where was disease contracted, It not at place of death? Former or usual residence.
16 File	ed Aug 5, 1914 Jo. 19 Joseph Registrate If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL Law Mem. General Lang b., 1914 20 UNDERTAKER ADDRESS Laylon St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Village or City Carberly (No. 2FULL NAME and Alrara Char	CERTIFICATE OF DEATH Registration Dist. No. //6 St.; Ward) Character of DEATH Registration Dist. No. //6 [If death occurred is a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from (19) (that I last saw h in alive on Tryg 19, 191 4	
OCCUPATION (a) Trade, profession, or particular kind of work The state of the stat	and that death occurred on the date stated above, at 6.57 4, m, The CAUSE OF DEATH * was as follows: Control human a get	
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) State or country)	(Duration) — yrs — mos ds. Contributory Secondary	
10 NAME OF FATHER Galert H Crox ton 11 BIRTHPLACE OF FATHER (State or country) High mand Va 12 MAIDEN NAME G OF MOTHER GALERY A R	(Signed), June 1001, Jrs. M. D. (Signed), June 1001, M. D. **State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) Manual 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. Where was disease contracted, If not at place of death? front at place of death?	
(Address) Gambidye, Ind 16 Filed Car 20, 191 4 ESWAGY. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Baltimore July avg. 22, 1914. 20 UNDERTAKER ADDRESS Lewis H Bayne Cambridge	
	VIIIage or City Cas beauty No. 2FULL NAME (Month) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWICED WIDOWICED (Write the word) 5 DATE OF BIRTH 7 AGE B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) (Address) 16 Filed Car 20, 191 4 ESWORD.	

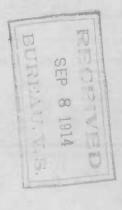
7806

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the geuital," ture of the American Medical Association.) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m: Important, See instructions on back of certificate.

RECORD

Canbridation

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[if death occurred in a hospital or Institution,

2FULL NAME Clarince Ellett of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Color or race Single, Married, Widoweo, ORDIVERCED (Write the word)	16 DATE OF DEATH aug 3ed, 1918 (Month) (Day (Year)		
6 DATE OF BIRTH Leb 29 1892	17 I HEREBY CERTIFY, That I attended deceased from July 1914, to July 31, 1914,		
(Month) (Day (Year) 7 AGE 22	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:		
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Performance (State or country) Could Acoum	Contributory Secondary (Doration) yrs mos ds.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Address) (M. 0. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or eountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.		
(Address) Cambridge Mid 15 Filed Cary 3 1914 Show Checistran If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL ROLL HOUM VOR AUG 4, 1914 20 UNDERTAKER ADDRESS Canberdal Tax. 6 E. Franklin St., Balto, Requesting V. S. No. 1		



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupaof various pursuits can be known. The question Spinner, s very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (rctired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup";) *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; *Bronchopneumonia* unqualified, is indefinite): *Tubercu-less of lungs, meninges, peritonaeum, etc., *Carcim-less of lungs, peritonaeum, etc., *Carcim-less of lung

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably such, if impossible to betermine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For VIO-



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. If death occurred in .St;.....Ward) a hospital or Institution. RECORD give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from ы 909 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 properly BOCCUPATION AGE (a) Trade, profession, or particular kind of work. Z (b) General nature of Industry. supplied. 7 pe business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (Secondary) (State or country) that œ 10 NAME OF FATHER (Signed) 80 back 11 BIRTHPLACE plain terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions Δ. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 드 At place In the OF MOTHER (State or country) DEATH State Where was disease contracted. If not at place of death?. Former or OF Item usual residence Important. Every It DATE OF BURIAL If more blanks are needed, address State Registrar, 6 E. Franklin St., Balte., Requesting V. S. No. 1,

[Approved by U. S. Census and American Fublic Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Orocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childblrth or mlscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond: ence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDAUAVA

properly GE supplied. pe may that 80 terms, plain ١ DEATH 90 Every Item CAUSE OF Important. S

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Instructions

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RECORD

PERMANENT EXACTLY.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6 Ilf death occurred in Ward) a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MAKRIED widowed on only order of the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH Qh & I knowle ag (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country State ____ yrs. _ mos. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal, septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, sûch as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." is less definite; avoid use of "Tumor" for maig-The contributory (secondary or intercurrent) Measles (discase causing death), 29 ds.; (Recommendations on statement of For VIO-Ex-



V. S. No. 1.

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Teath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms, s. Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

..Ward)

[It death occurred in a hospital or institution, give its NAME instead

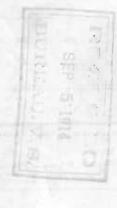
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X	ale white beingte, widowed, with the word)	16 DATE OF DEATH (Month) (Day (Year)
	E OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h alive on
E	It LESS than t day,hrs.	and that death occurred on the date stated above, at
pame 2000 0 = 0 0		The CAUSE OF DEATH × Was as follows:
CUPATION Trade, protession ticular kind of w		
General natur	re of industry, lablishmeal in or employer)	(Duration) yrs mas ds.
RTHPLACE (State or count)	• /	Contributory Secondary
10		(Daration)yrsmosds.
10 NAME OF FATHER	Edward Gare	(Signed) Victor C. Carroll, M. D.
11 BIRTHPLACE OF FATHER (State or country	dward elwre	(Signed) Victo C. Carroll, M. D. Ceug. 10, 191 4 (Address) Casubridg &
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Edal & Keene	(Signed)
11 BIRTHPLACE OF FATHER (State or cour 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or cour	Idal & Keene	(Signed)
11 BIRTHPLACE OF FATHER (State or count) 12 MAIDEN NAME OF MOTHER	Idal & Keine	(Signed)
11 BIRTHPLAC OF FATHER (State or co	ountry) ME Las E Ceerce Sountry) MS.	(Signed)

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be Indi-Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carein-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. calcular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." lnjury, as fracture of skuii, and consequences (e. g., by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably genltal," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of The nature of the Never report



RECORD

PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLAINLY, WITH UNFADING INK-THIS IS A

WRITE

N. B. L

V. S. No. 1.

Gounty Line 19811	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 14
Village or City Lufach	St.; Ward) [It dealh occurred is a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May Color of Race Single, Married, Wisowes, Orbivorces (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Month) (Day (Year)	that I last saw h alive on, 191,
TAGE If LESS than 1 dayhrs. ORmin.? Ca) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as followed.
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mgs, ds. Contributory Secondary
10 NAME OF FATHER MULL 11 BIRTHPLACE OF FATHER (State or country) Lonchesty Ge 12 MAIDEN NAME OF MOTHER COVE	(Signed) / (Address) / (Addres
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence
Filed Sept 4, 191 W. & Busick	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL AUG 191 4 20 UNDERTAKER MILLS ADDRESS LINDENS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (b) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascosis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ctc., when a definite disease can be ascertained as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1914

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

T. S. No. 1.

Village or City September (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 110 St.; Ward) St.; Ward) [If death occurred I a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamule Negro (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH (Month) (Day) (Tear)	that I last saw h. O., alive on
FAGE If LESS than 1 day,hrs. or min. ?	and that death occurred on the date states above, at 2 Pm The CAUSE OF DEATH* was as follows: Brandlus Buth
(b) General nature of industry, business, or establishment in which employed (or employer) Pairthplace (State or country)	Contributory (Secondary)
11 BIRTHPLACE (State op country) 12 MAIDEN NAME	(Signed) 19t (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) AUCL Still (Address)	Former or usual residence
Filed Sept 1 cc , 1914 Colect L. Hasterego REGISTRAR	20 UNDERTAKER JADDRESS Hymson
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the Disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PULEPLEAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as ."Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malle oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SPAUL T.S

Village or City En Maset (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OF RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the word) 6 DATE OF BIRTH March (Month) (Day) (Year)	16 DATE OF DEATH Grenth Grenth (Year) 17 I HEREBY CERTIFY, That I attended deceased from July 1914 that I last saw h imalize on Que 3 1914
TAGE If LESS than 1 day,hrs. ORmin.? Continuous description (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 100 m, The GAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER STATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) M 22 M 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER CALLER LANGE LANGE	(Signed) (Duration) yrs. mos. 5 ts. (Signed) (Duration) yrs. mos. 6s. (Signed) (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. 5 ts. (Signed) (Duration) yrs. mos. 6s. (Signed) (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS IBUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the lo the death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cleeg 191. Y. 20 UNDERTAKER ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for For VIO-

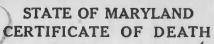


S. No. 1.

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1 PLACE OF DEATH



Registration Dist. No.//6

Ilt death occurred in

V 11	FULL NAME Glessder The	St.; Ward)	a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH	
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day (Year)	
8 D	ATE OF BIRTH (Month) (Day (Year)	that Liast saw harmalive on Control	2 5 , 191 /	
7 A	GE If LESS than	and that death occurred on the date stated at	nove, at 230 6 m.	
	2 1 day,hrs. OR min. ?	The CAUSE OF DEATH * was as follows:	- 7	
(a pa (b) bus	OCCUPATION) Trade, profession, or riticular kind of work) General nature of industry, finess, or establishment in ich employed (or employer)	(Duration)	yrsmos.2_ds.	
9 B	(State or country)	Contributory Secondary	,	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)	Land M. D.	
14 	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the ot death yrs	STITUTIONS, TRANSIENTS,	
	(Informant) Samuel Cornel	Where was disease contracted, It not at place of death?————————————————————————————————————		
	(Address) 156 Washington St. Cambridge	19	PATE OF BURIAL	
16 Fil	ed Oling 27, 191 4 Squalf	20 UNDERTAKER & St. Clars	ADDRESS	
	If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

A PERMANENT

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N. B.-

1 PLACE OF DEATH County Dorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

111.

		Registration Dist, No.
VII	Prull NAME Inatilda	St.; Ward) [If death occurred le a hospital or institutioe, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Gruale White (Write the word)	16 DATE OF DEATH Aug 3/, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from
	(Month) (Day (Year)	that I last ssw has slive on Aug 29, 1914,
7 A		snd that dasth occurred on the date stated above, at
(a) pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work	Chrosis Catarrhal Juglaus. materia of the bowels (Duration) 13 yrs mos. ds.
	RTHPLACE (State or country) Labor will boul to be	Contributory Secondary
NTS	11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) PH Jawes No. 0. (Signed) Address) Mingste Md.
PARENT	12 MAIDEN NAME OF MOTHER Harrieft . Januar Rote.	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Dorehecter los.	At place le the ot death yrs mos ds. State yrs mos ds
(Interment) Solow) Lughes		Where was disease contracted, It not at place of death? Former or usual residence
16	(Address) Sekesote, his.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept 19114
Fil	ed act 3 191 M & laure the REGISTRAR	A & Kirstan Crapo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specfmaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," Marasample: Measles (disease causing death), 29 ds.; affection need not be stated unless important ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephyllis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-

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SEP 5 1914 ,

No. 1.

V. S.

	RECORD	PHYSICIANS should state of OCCUPATION is very
V. W. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	7816	
Forefreter	0 0 11 0	



STATE OF MARYLAND CERTIFICATE OF DEATH

rapo ma

Cou	nty Doz	efreder	- //	Registration Dis	st. No./19
Villa	ige or City ²FUI	L NAME LU	in & Hur	St.; Ward	Tif death occurred in
	PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL GERTIFICATE C	F DEATH
3 SE	x mal-	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day (Year)
6 DA	TE OF BIRT	H July-	// , 1829 (Day (Year)		, 191,
(a) par (b) busi whice	CCUPATION Trade, profession ticular kind of w General nature; ness, or establich employed (or RTHPLACE (State or cou	n, or Ozolovic ork Ozolovic of Industry, lishment in employer)	T	The GAUSE OF DEATH* was as follows: Old age (Buration)	
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) whise		(Signed) WHY File Land Local register (Signed) WHY File Land Local register *State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transient			
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Robinson		At place In the of death	yrs, de	
16 FII	(Address).	19 1914 P	Ked md	PH 2010 20 UNDERTAKER A MARANIMA	ADDRESS

If more blanks are needed, address State Registrar, 6 K Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. eases, especially in industrial employments, it is necwho receive a definite salary), may be entered as material worked on may form part of the second additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin

ture of the American Medical Association.) eause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



V. E. No. 1.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item o CAUSE OF I

1 PLACE OF DEATH

STATE OF MARYLAND

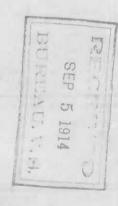
Go	ounty Dor chister"	CERTIFICATE OF DEATH
	V	Registration Dist. No. 110
Vi	11age or City Brokerun (No. In	St.;—Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 8 20 ,1914 (Year)
6 D	Don't- Know , 1840	that I last saw has alive on any 19, 1914,
7 A	GE (Month) (Day (Year) If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 3 a.m. The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION () Trade, profession, or irticular kind of work	(Buration) yrs. mos. 2/ ds.
	(State or country) Del	Gontributory
ITS	10 NAME OF FATHER Libert Estles 11 BIRTHPLACE OF FATHER	(Signed) H. F. M. D. M. B. (Signed) H. F. M. B. (Address) E. M. Market m.
PA	(State or country) Nel- 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country) Och	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	(Informant) Sw. 1. Duraley	Where was disease contracted, tf not at place of death?————————————————————————————————————
16 FI	(Address) Choles dail Trul Jed Ang 21 at 4 At Bashings Registrar If more blanks are needed address State Registrar	19 PLACE OF BURIAL OR REMOVAL Solders do My 5 21 , 191 Ly 20 UNDERTAKER ADDRESS Franklin St., Balto., Requesting V. S. No. 1.
	word are needed, address State Regist	mar, o E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivarious pursuits can be known. The question Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



No.

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PHYSICIANS should state of OCCUPATION IS very RECORD statement PERMANENT EXACTLY. stated AGE should be s properly classified. 4 15 UNFADING INK-THIS AGE supplied. carefully sur that it ma f certificate. 0 0 WITH pe n terms, a should plain See instructions of information DEATH IN WRITE Every item CAUSE OF mportant.

3 SEX

7 AGE

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or particular kind of work...

9 BIRTHPLACE

PARENTS

(b) General nature of Industry, business, or establishment in which employed (or employer) ..

> (State or country) 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[It death occurred li a hospital or Institution
	give Its NAME Instead

VAME Samuel Da	vid Jolly of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Black (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year) 18 2	that I last saw have alive on
Brick Mason	Exhaustion
Stry, It in for avork	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
untry) Maryland, UE TO THE BEST OF MY KNOWLEDGE LILL A. J. Jolly (Rou)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
191 Edward & Lawkin	19 PLAGE OF BURIAL OR REMOVAL PLENDA, MA AUG 2 1914 20 INDERTAKER When From Hourbock And
If more blanks are needed, address State Regist	trar, 6 E. Francin St., Butto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," ctc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canscpsis, totanus) dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senilc," etc.), Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

7819 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration St.;	Ward)		ME Instead
EDICAL CERTIFIC	CATE OF D	EATH	
TH angus	1 :	25-74,	, 191.4 (Year)
(Mon	th)	(Day	(Year)
HEREBY CERTIFY	, That I at	tended dece	ased from

18 LENGTH C	F RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RESIDENTS)
At place	in the

S. No. 1.

FULL NAME Ellan	Sovetta Keena of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemala Tolor or race Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	faut 16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
5 6 4 9 10	that I last saw h and allve on a late of the date stated above, at I may hirs. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Oyrs Towns 5 48
SBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Country 15 BIRTHPLACE OF MOTHER (State or country) 16 Country 17 Country 18 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Duration) (Signed) (Signed)
	Former or usual residence. 19 PLACE, OF BURIAL OR REMOVAL 19 PLACE, OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS STAAR WAS Jumper SP Tahung Creek
de note blands are needed, address S	tate Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsia of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SER 4 1914 BULGATIVAS MARGIN RESERVED FOR BINDING

8. No.

OCCUPATION IS PHYSICIANS RECORD Jo PERMANENT EXACTLY. Exact stated classifled. should properly AGE supplied pe may certificat that 9 0 back terms. pino 6 plain Instructions Information Ë DEATH 0 Item OF Every Item CAUSE OF Important.

Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in hospital or lostitution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH MARRIED. 1914 WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) TAGE if LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: mos. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) mos / 4 de which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. _ mos. __ State ____ yrs. _ ds. Where was disease contracted. if not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 16 ui ADDRESS Filed

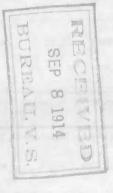
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specidutics of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesse of lungs, meninges, peritonaeum, ctc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenltal," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



	RECORD	PHYSICIANS should state
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	.N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	7	8	2
county Dorohestes			



STATE OF MARYLAND CERTIFICATE OF DEATH

111

/		Registration Dist, No. //6
Vill	2 FULL NAME Harriet A	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je fe Di	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIGOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year) GE Contained to the second of the sec	that Plast saw has allve on short from 15, 1914 and that death occurred on the date stated above, at 7 As m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	CCUPATION Trade, profession, or riticular kind of work. General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	(Ouration) yrs mos os.
ARENTS	10 NAME OF FATHER Paris Farrah. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Si
14 7	13 BIRTHPLACE OF MOTHER (State or country) Inbrove THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo. W. Bennett	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death
16 Fil	ed any 9, 1814 SEWAGY	19 PLACE OF BURIAL OR REMOVAL COESTINATION OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Hyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallurc," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

7822 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6 [If death occurred in

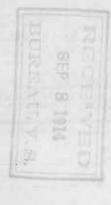
FULL NAME Sula a	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH Cicing 28, 1914 (Month) (Day (Year)
Month) (Day (Year)	that I last saw here alive on any 28 ,1914
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 130 9 m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work	Typing flever
(b) General nature of Industry, business, or establishment in which employed (or employer)	Hour weeks (Duration) yrs. nos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) yrs mos ds.
of FATHER (State of Country)	(Signed)
of Mother Seah Triages	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds
(Informant) Can Dason	Where was disease contracted, if not at place of death? Former or usual residence
(Address) 2/1 Pine St. Cambridge m	Cambrilas, md, and 30 1914
Filed and 29, 1914 ESWOLF ARGISTRAR	20 UNDERTAKER ADDRESS Jurner & Stellin City
If more blanks are needed, address State Regis	Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING NEATH, state occupation at beginning of illgainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Derchester.	CERTIFICATE OF DEATH
County	Registration Dist, No. 110
	Registration Dist, 140, Julian
Village or City No.	St.; Ward) [If death occurred to
	a hospital or Institution, give its NAME instead
With Land	of street and number.]
FULL NAME CALVIOR CLEAR	VICELLE 12
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
1 m widowed wing the	(Month) (Day (Year)
male Thele (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	8/7 1914 to 8/7 1914
Mu 17" 1913	a / .
(Month) (Day (Year)	that I last saw h Ann alive on A 47 1 1 191
7 AGE If LESS than	and that death occurred on the date stated above, at 5.20 C.m.
yrs 8 mos 2/ds 0R min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Cholera Mortum
(a) Trade, protession, or	U
particular kind of work.	A-40-4-4-4
(b) General nature of Industry, business, or establishment in	(Burellan)
which employed (or employer)	(Ouration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory 9WW Secondary
(state or country) mary land	(Ouration)yrsmosds.
10 NAME OF PATHER PA	01/)
erry & Messless	(Signed) Skogs Mys , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	8/ 191. (Address) / Fuolocal Mc
(State or country) (Like the state of the s	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
A 12 MAIDEN NAME OF MOTHER OF	TAL, SUICIDAL, OF HOMICIDAL.
a Olana Buller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) mary land	of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Parry & Mespiele	Former or
Ost on line on A	usuai residence
(Address) - Martiness (Mac	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 () + 1/6/	with the wind with the state of
Filed lug 8, 1914 / Cobert 2/Vashings	20 UNDERTAKER ADDRESS,
REGISTRAR	Mu Holles Tou Preston

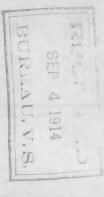
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. properly classifiedw Exact stated pe pluoda INK-THIS AGE supplied. pe UNFADING may that it ma carefully 0 0 WITH DEATH in plain terms. should PLAINLY Information WRITE

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE DATE OF BIRTH (Month) TAGE

BOCCUPATION (a) Trade, profession, or

9 BIRTHPLACE

PARENTS

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Filed.

on back

See Instructions

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CAUSE OF Important. S

particular kind of work.

(b) General nature of industry,

business, or establishment In

(State or country)

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

(Address

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

10 NAME OF FATHER

which employed (or employer)

THE BEST OF

(Year)

If LESS than

1 day hrs.

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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STORY WE

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

hoftank Ave ontgomer	St.;Ward)	[If death occurr a hospital or Instit give its NAME in of street and numb	ution stead
MEDICA	AL CERTIFICATE O	F DEATH	
16 DATE OF DEATH	august	7, 19	91.
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and that death occurre	d on the date stated	above at	
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18 LENGTH OF RESIDE	ENCE FOR HOSPITALS		_
OR RECENT RESIDENT	s)	The state of the s	
At place of death yrs m	In the	yrs mos	
Where was disease contracte		WIS, IIIUS,	
if not at place of death?		**********************	
Former or			
usual residence		·····	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL	
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	L Ma	Jug.	91.
20 UNDERTAKER		ADORESS	
2/ 4/ 2/2/	' - 0	Cambridge	

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

N.B.

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EV	2	important. See instructions on back of certificate.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6 [If death occurred in

	2FULL NAME Beat a 7	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Ong. 20 ,1914
7 A	(Month) (Day (Year)	that I last saw her alive on and that death occurred on the date stated above, at 12.30 Å
	J day,hrsds. ORmin. ? CCUPATION Trade, profession, or	The CAUSE OF DEATH* was as follows:
(b) bus whi	General nature of Industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	(Ouration) yrs mos ds. Contributory Operation for Pyrolfing of Pelose Secondary Christian (Duration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		(Signed)
Ь	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
4 1	(Informant) Prichase More My KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
1 5	(Address) 2 rine St Cambridge 2000 ed Dy. 20, 1914 E. Ellolf Registrar If more blanks are needed address State Regist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Tran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	are meeted, address State Regist	mar, o E. Frankin St., Balto., Requesting V. S. No. 1.

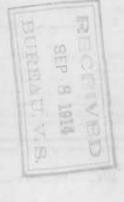


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

certificate.

of information should be DEATH in plain terms, s See instructions on back

CAUSE OF Important, S

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RECORD

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registrati	ion	Dist.	No.	<u>)</u>
C+.	\A/	25d)	[It death	

Village or City aylors telamor

a hospital or institution, give Its NAME Instead of Street and number.

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE MARRIED, MAR	
Marier, Widowed Windowed Gran (Write the word) 17 I HEREBY CERTIFY, That I attende 1912 to My	1
6 DATE OF BIRTH 2 McClattan, 1824 that I lost south of allies on Aug.	, 1914 (Year)
modestain, 1824 shot last court of alliago and	
7 AGE It LESS than and that death occurred on the date stated above, a t day,hrs. The CAUSE OF DEATH* was as follows:	9 ,191.4
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	***************************************
9 BIRTHPLACE (State or country) 10 NAME OF Contributory Secondary (Duration) yrs	1
Signed 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (Signed) (Signed) (Address)	Sed ma
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUT OR RECENT RESIDENTS) At place In the	Mos ds
(Interment) Colorest Mundy Former or usual residence	
16 (Address) Aglor Sland 19 PLACE OF BURIAL OR REMOVAL DATE of Men Cen Saylar Sol Marie Men Cen	SESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

Local

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," the head cause for



PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTEY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ODGUDATION is very important. See instructions on back of certificate.

Village or City Herely (Note) 2 FULL NAME Mary Cure	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE MARRIED, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
1834	that I last saw h 27 alive on Que 3 0 191 4
Of AGE Of Society 160 ayrs. mos. ds. or. mio.? BOCCUPATION (a) Frade, profession, or particular kind of work.	and that death occurred on the date stated above, at 6 30 m, The SAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 7 ds.
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Daration) (Daration) (Daration) (Daration) (Daration) (Daration)
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), M. D. Dry 3/, 191 4 (Address), In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) when here	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) ALL ELECT OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) outrely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Cary 30, 1914 John R Juster REGISTRAR S	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St :----Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL FARTICULARS 16 DATE OF DEATH S SINGLE, MARRIED. WIDOWED. OROIVORCED Write the word) 17 I HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at.... t day.....hrs. The CAUSE OF DEATH * was as follows: OR mio. ? 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) Geoeral nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State yrs, ____ mos, ___ ds. Where was disease contracted. It not at place of death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL 15

[If death occurred in

a hospital or Institution.

give its NAME lostead of street and number.]

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 110 Ilf death occurred in -Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 50 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. 25 ..mln. ? . OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) 12 MAIDEN NAME

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

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Where was disease contracted, If not at piace of death?

Former or

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19 PLACE OF	BURIAL	OR	REMOVAL
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DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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PERMANENT should Every Item of information CAUSE OF DEATH in plai Important. See Instructions 7830

1 PLACE OF DEATH Bachester



STATE OF MARYLAND CERTIFICATE OF DEATH

/		Registration D	ist. No.//6
VIII	Page or City Caustudge (No	Academy St.; War Retchett Sr.	[If death occurred la a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 51	Prale Thite Single, Married WIDOWED, ORDINORED (Write the word)	(Month)	18 ,1914 (Day (Year)
8 D	(Month) (Day (Year)	fuly 1914, to Co	J. 18 ,1914
TAG	If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
(a) par (b) bus whi	CCUPATION) Trade, professian, or ricular kind of work. General nature of industry, inches, or establishment in inchemplayed (or employer) RTHPLACE (State or country.) Manyland	Contributory Cirbin Sell Secondary	
NTS	10 NAME OF FATHER Do not Rnow 11 BIRTHPLACE OF FATHER (State or country) Manufaud	(Signed) 28 Walf and Charles Carried District Charles District Charles District Dist	yrs mos ds. , M. D. control of land
PARENT	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	CAUSES, State (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, if not at place of death?	and (2) whether Acciden-
15	(Informant) Charles & Britchett (Address) Cambridge Md	Former or Bsual residence 19 PLACE OF BURIAL OR REMOVAL Cambridae Md	DATE OF BURIAL Aug. 20 1214
	an am 20 1914 Ellouy.	20 UNDERTAKEA,	ADDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked of may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," death), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLEAU, V.S.

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. Ilf death occurred la (No..... St.:---Ward) a hospital or institution. Henry give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOROR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED 1914 WIDDWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day,.....hrs. The CAUSE OF DEATH* was as follows: over OR min. ? mos 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. _ Where was disease contracted. 14 THE ABOVE S if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

5 1914

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injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of

	7832	STATE OF MARYLAND
1/0	ounty Dorchester	CERTIFICATE OF DEATH
1	0//	Registered No. 110
V	rillage or City Oldorado (No.	St; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	* FULL NAME Clime I Lote	eus
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Ex Color or RACE 5 single, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 0	ATE OF BIRTH May 10, 1851	that I last saw her alloon and 4 1914
7 A		and that death occurred on the date stated above, at 100, m.
B.	63 yrs. 2 mos. 25ds. 0R. min.?	The CAUSE OF DEATH * was an follows:
(a	OCCUPATION Trade, profession, or House hooks	Parsy au throat
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. 3 ds.
9 B (S	RTHPLACE tate or country) Marykund	(Secondary)
	10 NAME OF John Johns,	(Signed) H. F. Nice & M. O.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Murshur	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARI	12 MAIDEN NAME STILL Colors on	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs mos ds. State yrs mos ds.
	Informant) The sect of the Best of the Knowledge	Where was disease contracted, If not at place of death? Former or
	(Address) Eldbrads Md	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5 Fil	od lung 10 1814 Robert L Hastings	Loge street Large 7, 1914 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is iddefinite); Tuberculosts of lungs, meninges, pertionacum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purreral septichaecause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion, ample: Meastes (disease causing death), 29 ds.; oma. Sarcoma. etc., of _______ (name origin; "Can-cer" is iess definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpais, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH

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Village or City Hosphraille (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOROR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 23 7, 191 4 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last aaw h & see on ang 23 191 T
7 AGE If LESS than 1 day, hrs. 0 mos. ods. 0 R O min. ?	and that death occurred on the date atated above, at the CAUSE OF DEATH * was as follows:
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) VI 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Address)
of Mother of A.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
(Address) Starbers villy, Ind. Filed ang 24, 191 4 West Houston, Mr.	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the housebold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaccause. ete., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. which surgical operation was undertaken. For viocause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 4 1914 BUREAU.V.S. stated EXACTLY. PHYSICIANS ahould state I. Exact statement of OCCUPATION is very

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT S. No. 1.

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Every item of information should be carefully supplied. AGE ahould be st CAUSE OF DEATH in plain terms, so that it may be properly claasified. Important. See instructions on back of certificate.

1 PLACE OF DEATH

7834



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

			FIF

St.; Ward)

[If death occurred io a hospital or institutioo, give its NAME Instead

	FULL NAME Coma Dating	wark.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	4 COLOR OR RACE White White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	DATE OF DEATH Quay (Year)
8 D/	(Month) (Day (Year)	that I last saw h & alive on and 6 , 1914
TAG		and that death occurred on the date stated above, at 6:30 a.m. The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION Trade, profession, or Titicular kind of work General nature of industry, Iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Scarler Sever (Duration) O yrs 1 mos 15 ds Contributory Citis Media & Malminition
PARENTS	10 NAME OF FATHER Eugu Unial plus Ruch. 11 BIRTHPLACE OF FATHER (State or country) Operation, M. d. 12 MAIDEN NAME OF MOTHER Dairy Clear Summons	(Signed) (Si
14 T	13 BIRTHPLACE OF MOTHER (State or country) Dorchester HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) & C. Ruck - Per Ser.	At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death?————————————————————————————————————
16 File	(Address) Hookere III, and, 1914 WHONSTON, WA, Focal RESISTRAN If more blanks are needed address State Process	19 PLACE OF BURIAL OR REMOVAL Hoperarelly wound, gang, 7, 1914 20 UNDERTAKER ADDRESS trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. materiai Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retlred from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenla," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless Important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



RECORD

PERMANENT

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCOUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

1	PLACE	OF	DEAT
	tord	1	-

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;Ward	•••	S	t.;		W	ar	d
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[if death occurred in a hospital or Institution, give its NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 35	emele Colon of RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DA	Ouy 17, 1914 (Mouth) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from what all 191 ,
7 AC		snd that death occurred on the date stated above, at 3 P m. The CAUSE OF DEATH* was as follows:
(a) par	CCUPATION) Trade, profession, or reflected kind of work.	atelectaris
busi	General nature of Industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos \$\frac{5}{2} \frac{3}{4} \text{ ds.}
9 81	RTHPLACE (State or country)	Contributory Secondary
ARENTS	10 NAME OF FATHER P. Custus 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME P.	(Signed) Self & R., M. D. (Signed) Self & R., M
Δ.	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. Af place for the of death yrs, mos. ds. State yrs, mos. ds.
	(Interment) Low Saunders	Where was disease contracted, If not at place of death? Former or usual residence
16	(Address) Cambridge And	Cauter of Burial OR REMOVAL DATE OF BURIAL Cay. 18, 1914
File	ed any. 17,1914 2. E. WOLF REGISTRAR	Vumer Att Cloir Coulings, Ind,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no oeeupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid denoumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (seeondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of Never report For VIO-



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PHYSICIANS should state of OCCUPATION IS very may be properly classified. Exact statement PERMANENT UNFADING INK-THIS PLAINLY, WITH Every Item of information st CAUSE OF DEATH in plain Important. See instructions o WRITE

PLACE OF DEATH 7836

STATE OF MARYLAND CERTIFICATE OF DEATH

Co	ounty	Registration Dist. No. 1/6
VII	liage or City Combridge (No. 53)	Robberius st.; 2 Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	Male color or RACE SSINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wide the word)	16 DATE OF DEATH (Mouth) (Day (Year) 17 I HEREBY CERUFY, That I attended deceased from
6 D	PATE OF BIRTH aug 24 1914 (Month) (Day (Year)	that I last saw her ally on 24., 191
7 A	If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 230 0mm. The CAUSE OF DEATH* was as follows:
(a pa (b	a) Trade, profession, or articular kind of work	marasmus
	siness, or establishment in hich employed (or employer)	(Ouration) yrs mos 2 3ds
9 8	(State or country.) Md	Secondary Secondary
	10 NAME OF Richard Sharps	(Signed) yrs mos ds
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	12 MAIDEN NAME MOTHY Roberts	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOW TOOK	Where was disease contracted,

If not at place of death?

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origiu; "Canwhich surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Marasgenital," L"Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 8 1914

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V. S. No. 1.

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DEATH

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1 PLACE OF DEATH Dar checles PERSONAL AND STATISTICAL PARTICULARS 3 SEY 4 COLOR OR RACE (Month) 7 AGE BOCCUPATION (a) Trado, profession, or particular kind of work

5 SINGLE. MARRIED,

WIDOWED, ORDIVORCEO

(Day

(Year)

If LESS than

t day,hrs



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred la

refe	-St.;Ward	give its	or Institution, NAME Instead and comber.]
MEDICAL	CERTIFICATE O	F DEATH	
16 DATE OF DEATH	aug	8	, 1914
- Luzara	(Month)	(Day	(Year)
alle 1	919. to a	ug o	, 1915
that I last saw h	live on Ceus S	2	, 191
	/		_ /
and that death occurred	on the date stated	above, at /C).H.
The CAUSE OF DEATH+		to the	
Johna Je	NG		
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	(Busakiaa)		14
n	(Duration)	yrs	nos
Contributory They	ungetis		
Secondary	,		
	(Buration)	yrs	mas / d
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(Signed)	VJota V2	mark	, М.
and a	· · · · · ·	0 11	
aug 8 , 191 & (Address) Qui	Maye/14	M.
*State the DISEASE (CAUSING DEATH, or	in deaths fr	om Violes
*State the DISEASE (CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	NS OF INJURY; a	nd (2) wheth	er Accide
18 LENGTH OF RESIDEN	CE FOR HOSPITALS	INSTITUTIONS,	TRANSIENT
OR RECENT RESIDENTS)			
of death yrs mos.	In the	MPR	
Where was disease contracted.	us. sinic	yrs,	mus, (
if not at place of death?			
Former or		*************	
usual residence			
19 PLACE OF BURIAL OF	REMOVAL	DATE OF B	
Herrisch		Muc 1	6 , 19t 2
20 UNDERTAKER			
DUDERIKKEH		ADDRESS	

...min. ? (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TRUE It 16 Wellis os Bus REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to cach and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, pant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Every item of information should be carefully sui GAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in

	FULL NAME Lile Brich	give its 1	NAME Instead and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
35	Lanul Calaled (Write the word) Markies	16 DATE OF DEATH (Month) (May (Iny 17 I HEREBY CERTIFY, That I attended de	(Year)
T _A	(Month) (Day (Year)	that I last saw hallve on	, 191
Во	GE 3 0 yrs mos ds lf LESS than 1 day,hrs. OR min.?	The CAUSE OF DEATH* was as follows: Was high any Overther we allow	Ense
(b) bu: wh	rticular kind of work General nature of industry, siness, or establishment in ich employed (or employer)	Mus Pullington, Tresus	105. 1/3is.
ARENTS	10 NAME OF FATHER John Johnson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME C	(Signed) (Buration) yrs	om Violent
<u>d</u>	of Mother Ly Lil Colman 13 BIRTHPLACE OF MOTHER (State or country) Link Wood not the Above is true to the Best of My Knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. yrs. Where was disease contracted, If not at place of death?	
15 FI	(Address) Camberidge not	19 PLACE OF BURIAL OR REMOVAL DATE OF B	GURIAL G., 191.4
CHE	west come If fore blanks are needed, address State Register.	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	d

[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. ICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

certificate.

See instructions on back of

important.

Filed Aug 17, 1914

PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

	Registration Dist. No. 1/3
Village or City aylors Island (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Manied Winweb, Winger, Winger, Manied ORDINARED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)	That I fast saw here allve on any 10, 1914
If LESS than 1 day,hrs. ORmin.? **GOCCUPATION** (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows: (Duration) 2 yrs #mos #ds
9 BIRTHPIACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) A. 1914 (Address) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Rolling Henson (Address) Aylone Island - Mad	At place of death yrs, mos, ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Thought Hensonic Survices 12
15	Jan 1 20 - 1 20 - 1 19121

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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pneumonia"); Lobar time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal ("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria (avoid use "Epidemic ccre-Carcin-

> sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

INK-THIS IS

WRITE PLAINLY, WITH UNFADING

V. S. No. 1.

-Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

N.B.

1 PLACE OF DEATH County Dor Chester



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

-Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIEO, MAPPELLY MODWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw hare alive on Que 26, 1915.
TA		and that death occurred on the date stated above, at 102510m, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION) Trade, profession, or clicular kind of work. General nature of industry, iness, or establishment in	Cerebral apropleyy a bew minutes
	RTHPLACE (State or country)	Contributory Secondary
RENTS	10 NAME OF FATHER Dufuson 11 BIRTHPLACE OF FATHER (State or country) Zun Kunnen	(Signed) Dr. Chas J. Carrey, N. D. Que 27, 1914 (Address) Cambridge med
PARE	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the Walknown
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Horfsetal records	of death yrs, mos. 4 ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence Roesi Halk
15 File	(Address) Cambridge mil	19 PLACE OF BURIAL OR REMOVAL Rock 14 Ul. Kend Co. My, aug. 29, 1914 20 UNDERTAKER DATE OF BURIAL ADDRESS Combinder My
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) I'yphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9EP 8 1914 BUREAK, V.S. ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

may be properly classified.

AGE

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of information DEATH in plai

N. B.—Every Item o CAUSE OF I

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DEATH in plain terms. so See instructions on back of

RECORD

A PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

g. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Vil	PULL NAME James Dr.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sist	Lale Block Single, Bung & MARRIED, WIDOWED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Quy 4, 1914 (Month) (Day (Year)
Di	ATE OF BIRTH Jun 6, 1914 (Month) (Day (Year)	that I last saw hun alive on any 4, 191 4,
A		and that death occurred on the date stated above, at 130 Pm, The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION) Trade, profession, or rticular kind of work ilness, or establishment in ich employed (or employer)	Cholera Infanticus (Duration) yrs mos 4 ds.
9 B1	IRTHPLACE (State or country) Md.	Gontributory Secondary
TS	10 NAME OF FATHER Fraller Thompson 11 BIRTHPLACE OF FATHER THE STATE OF THE STATE	(Signed) V.F. Trees , M. D. , 191 (Address) & H. M. D.
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER MANY John John John John John John John John	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER DM 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the

____ yrs. ____ ds.

State _____ yrs, ____ mos. Where was disease contracted.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Kequesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



	RECORD	PHYSICIAR of OCCUR
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUR Important. See instructions on back of certificate.
	WRITE	item of in E OF DEA
No. 1.		Every CAUSE Import

IS should state

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TAGE

ARENTS

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1

6 DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS, TRUE TO THE

6

PLACE OF DEATH 7842

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or amployer) -----



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

---Ward)

Ilf death occurred la a hospital or institution. give its NAME instead of street and nomber.]

MARRIED. WIDOWED. ORDIVORCED (Write the word)

(Day

MEDIC	AL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	aug.	(Day	, 1915
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aty. 1	., 191.4., to	duy, 6	191.4
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and that death occurre	ed on the date stat	ed shove at 5.	55 P.

The CAUSE OF DEAT	n× was as follows	:	
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Secondary			
	(Duration)	yrs	mosd:
(Olmond)	Shans	U	
(Signed)		J. (A.)	М. С
(Signed) & S	(Address) Too	unlaid 12	Send
*State the DISEAS:	E CAUSING DEATH,	or, in deaths fr	om VIOLEN
CAUSES, state (1) M TAL, SUICIDAL, or HO	OMICIDAL.	and (2) Wheth	er Acciden
18 LENGTH OF RESIDENT	s)	LS, INSTITUTIONS	TRANSIENTS
At place	In the		
of death yrs [nos ds. Stat	e yrs	mos d
Where was disease contract	ed,		
If not at place of death?	***************************************		
Former or			
osual residence			
19 PLACE OF BURIAL	OR REMOVAL	DATE OF B	HRIAL
Cambridg	E yug	aug	, 191.5
20 UNDERTAKER	,	ADDRESS	
111	-	1	

Vienes + H blair REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

If LESS than 1 day hrs. OR ?

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) seru: (a) Foreman, (b) Automobile factory. The If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 8 1914 BUREAU. V.S.

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(Address).....

Filed aug 17, 1914

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RECORD	PHYSICIANS should to of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is nt. See instructions on back of certificate.
NLY, WITH UNFADING IN	tem of information should be carefully supplied. OF DEATH in plain terms, so that it may be not. See instructions on back of certificate.
WRITE PLAIN	tem of Information OF DEATH in plant. See Instruction

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7843 1 PLACE OF DEATH
County Dorohustu

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 1/7
Village or City Mugate (No. 10, -	St.; Ward) [If death occorred is a hospital or lostitution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Whete Single, Married, Willowed, Words (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 [HEREBY CERTIFY, That Lattended deceased from
(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914 to Aug 16, 1914 that I last saw here alive on Aug 16, 1914
7 AGE If LESS than 1 day, hrs. or min.?	and that desth occurred on the date stated above, at 6 m The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	- Jankense
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country) Managet Mas	Secondary
10 NAME OF FATHER John M. Told	(Signed) QUESTION yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Dorcheter leo 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH ON in deaths from Way
12 MAIDEN NAME PLANE OF MOTHER PLANE OF MOTHER	*State the DISEASE CAUSING DEATH, on in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccidenTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Dorchester les.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Intermant) John My KNOWLEDGE	Where was disease contracted, If not at place of death? Former or Usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS EXACTLY. should certifical terms. FO Every Item CAUSE OF Important.

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RECORD PERMANENT NX supplied. UNFADING PLAINLY WRITE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St.;----Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from but at all DATE OF BIRTH that I last saw h & allve on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at., 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of Industry, business, or establishment in (Duration) which emplayed (or emplayer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country)

	of death yrs mos ds. St	ate yrs	mos.
	Where was disease contracted.	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I	If not at place of death?		
li	Former or		
H	usuai residence		
	19 51 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		

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20 UNDERTAKER		1	1	1
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inauition," "Marasgenltal," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-



BINDING FOR RESERVED MARGIN

PERMANENT EXACTLY. stated pe IS should INK-THIS AGE carefully supplied. UNFADING WITH pe should Information

state Very

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PHYSICIANS should of OCCUPATION IS

Exact statement

classified.

properly

certificate.

See Instructions on back

DEATH in plain terms,

WRITE

No. 02 o

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CAUSE OF Important.

PARENTS

15

80 of

RECORD

PLACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, 6 DATE OF BIRTH Month 7 AGE BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(Address) ...

(Informant)

(State or country) 12 MAIDEN NAME OF MOTHER

(b) General nature of industry.

business, or establishment in which amployed (or employer)

7845

MARRIED, WIDOWED,

BEST OF

KNOWLEDGE

REGISTRAR

ORDIVORCED (Write the word)

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

...Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number. 1

(Year)

If LESS than

1 day hrs.

OR 7

MEDIC	CAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	augu	11	, 191
	(Month)	(Day	(Year)
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that I last saw h	-alive on		191
and that death occurre	ed on the date sta	ted above, at	
The CAUSE OF DEAT	H* was as follows	s: ^ _	
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Oregil 191	(Address)	auchul	en u
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*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, OF H	E CAUSING DEATH,	or, in deaths from	om VIOLE
TAL, SUICIDAL, OF H	OMICIDAL.	and (2) wheth	er Accide
OR RECENT RESIDENT	ENGE (FOR HOSPITA	LS, INSTITUTIONS,	TRANSIENT
At place	In th	e	
of death yrs			mos.
Where was disease contract		, mount	
If not at place of death?			
Former or			***************************************
USUA residence			
		1	
19 PLACE OF BURIAL		DATE OF B	URIAL
Cambri df	E Stud	Cany. 11	B , 191
			, 131
UNDERTAKER	0	ADDRESS	
Junes VII	Plair	Canolinist	5. mad

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenus," "Old Age," "Shock," "Uraemia," "Weakness," valvular hourt disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 8 1914 BUREAU, V.S.

V. S. No. 1.

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/6.

10	re			
-	re	Si		Ward
			P-9	as or a

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) It LESS than 1 day,hrs.	that I last saw have alive on Good 8, 1914, and that death occurred on the date stated above, at 3 G., m.
e OCCUPATION (a) Trade, protession, or particular kind of work (b) Deneral nature of Industry, business, or establishment in	The GAUSE OF DEATH* was as follows: acute rudigestion
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 DIRECTOR OF WALKER	(Signed) (Duration) (Duration) (Doration) (Doration) (Signed) (Doration) (Doration) (Doration) (Doration) (Doration) (Signed) (Address) (Doration) (
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Inhowing 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Inhom Malker	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or usual residence
(Address) / 13 Prose St. Cambo Gg 2014). 16 Filed any 11 1914 EKNOUP REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Carbridge 3 Md Carb 1914 20 UNDERTAKER ADDRESS Turner & Carb Carb Catt trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meminges, peritonaeum, etc., Carcin-

mia," "Puerpebal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral scptichacthenia," "Anaemia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-

Ounty Douchestone

Village or City Canberral

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/6

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Willie Whatly

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gland Roland (Write the word) Market	16 DATE OF DEATH any V, 1914
(Month) (Day (Year)	that I last saw h alive on W W 191.
TAGE If LESS than 1 day,hrs. ORmin.? BOCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs (Duration) ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) downt Brown 12 MAIDEN NAME OF MOTHER 12 MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Address) M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Com Mheltey (Address) Combadge md	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Card Horum, Ind., aug. 4, 1914.
Filed Cry 3, 1914 C. C. Wolff. HEGISTRAR If more blanks are needed, address State Regis	Lewis H Bronner Camber of getter, G. E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic lnjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerpenal peritonitis," etc. tctanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head State cause for



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PERMANENT UNFADING INK-THIS IS PLAINLY, WITH N. B.-Every Item

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 7848 County Lordienta



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 16
Village or City Lier Cambridge (No. 27)	St.; Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Colored Single, Widowed, Widowed, With the word	16 DATE OF DEATH Que 7, 191. (Month) (Bay (Year)
Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 to 191 that I last saw h alive on 191 to 191
7 AGE 22 yrs mos ds OR min.?	and that death occurred on the date stated above, at 1 0 m. The GAUSE OF DEATH* was as follows:
COCUPATION (a) Trade, profession, or perticular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 4 mos ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 43 44 45 46 47 47 48 48 48 48 48 48 48 48	(Signed)
of Mother Read Medicalley 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Colombiant	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) Carnbridge Ind. 16 Filed ay. 7. 1814 Elloy REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Can bull a Miles S, 1914 20 UNDERTAKER ADDRESS Linea E3 Reference C: to

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrcly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc, when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senilc," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For VIO-



WRITE

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS See instructions on back of certificate. PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s Important. N. 8.

1	PLACE	OF	DEATH	7849	0
		- "		A C 's legs .	



STATE OF MARYLAND CERTIFICATE OF DEATH

Cambridge Med

County 7 1 1	Registration Dist, No. 1/6
Village or City Cambridge (No	Morphias St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thite Single, Married Wildower, ORDIVORCED (Write the word)	16 DATE OF DEATH Cury 29 , 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Many Dy , 1847. (Month) (Day (Year)	that I last saw h Ama alive on any 29, 1914.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 2.35 Pm. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 7 Manual and	Contributory Engapelas & Lez- Secondary
10 NAME OF FATHER BENNETT Therette 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Male NAME OF MOTHER	(Signed) SRUSHIF , M. D. (Signed) SRUSHIF , M. D. Ang. 3., 191 4 (Address) Cameri dye, had *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Carry & Coubland 13 BIRTHPLACE OF MOTHER (State or country) Manufand 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Manufant Mor Muracle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Cambridge Ind. 16 Filed ang. 3r 1914 ESWolf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Aug. 31 - 1914 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

thenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," ctc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDAU.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

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o.	
02	
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PLACE OF DEATH

Dorchesler-

7850



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.-

Village	or	City E. M. mar	la	f (No.
---------	----	----------------	----	--------

St.; Ward)

[If death occurred in a hospital or institution,

	FULL NAME John You	of street and number.]
P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mal a	Black Single, Married, Mercail Black ORDIVORCED (Write the word)	16 DATE OF DEATH (Moytli) (Day (Year)
8 DATE OF		17 I HEREBY CERTIFY, That I attended deceased from aug 3/, 1914, to aug 3/, 1914, that I last saw here alive on aug 3/, 1914
7 AGE	37 yrs 11 mos 29 ds OR min.?	and that death occurred on the date stated above, at 4 7 m, The CAUSE OF DEATH* was as follows:
8 OCCUPAT (a) Trade, pro- particular kin	ofession, or Loboren	and rephretes
business, or	nature of Industry, establishmenf in ed (or employer)	(Duration) yrs mos, / ds.
	or country) Md.	Contributory Secondary (Borotion) are
	THER Shiphen Thomas	(Signed) H. T. Nuco Lo M. D.
Z (S	THPLACE FATHER tate or country) Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
Δ.	F MOTHER Olivia Joung	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORT
OF (S	THPLACE MOTHER tate or country) Md	At place of death yrs mos ds. State yrs mos ds
(informant)	DVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Ådd	ress) & M. Morlut And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL & 131, 191.4
Filed		120 UNDERTAKER ADDRESS H. It Walong liby E.M. market
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



S. No. 1.

N.B.

UNFADING INK-THIS IS should AGE WRITE PLAINLY, WITH

ated EXACTLY. PHYSICIANS should Exact statement of OCCUPATION is A PERMANENT stated EXACTLY. properly classified. of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. Item of information should be CAUSE OF Important.

state Very

7851 County Lorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Di	lst, No.	
Village or City Salem (No,	St.; Ward	a mospital of montonion,	
2FULL NAME (Still - B	orn) young	give its NAME instead ot street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
Male Black Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)	Day (Year)	
Month) (Month) (Day (Year)		, 191,	
7 AGE If LESS than	and that death occurred on the date state	ed above, atm,	
yrs	The CAUSE OF DEATH * was as follows:		
8 OCCUPATION (a) Trade, protession, or particular kind of work.	(Still-1	3oru)	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)	yrsds.	
9 BIRTHPLACE (State or country)	Secondary	***************************************	
10 NAME OF ENOCH Young	(Signed) Z- E-Walf	yrs mos ds.	
11 BIRTHPLACE OF FATHER (State or country) M.	pr. 5-, 191 3 - (Address) Cambridge Md		
12 MAIDEN NAME OF MOTHER Mable Baylos	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-		
13 BIRTHPLACE OF MOTHER (State or country) Md.	or RECENT RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs mos ds. State		
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, If not at place of death? Former or usual residence		
(Address)	19 PLACE OF BURIAL OR REMOVAL Follow:	DATE OF BURIAL CLY 1914	
Filed Oct 13, 1914 Erwelf	20 UNDERTAKER	XADDRESS	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line: will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death is the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," thenla," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal couditions, such as "As ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Can ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-

